

**HANDS ON HERITAGE CAMPS
EMERGENCY HEALTH INFORMATION**

Name of Camper_____

Home Phone_____ Work Phone_____ Cell Phone_____ E-mail_____

Address_____

Mother/Guardian's Name_____ Place of Employment_____

Father/Guardian's Name_____ Place of Employment_____

If Parent/Guardian cannot be reached please call: Name_____ Phone_____

Family Physician_____ Phone_____

Indicate any serious medical conditions:_____

List any medications camper is presently taking and for what conditions:

Medication_____ Behavior Modification_____ Illness_____
Other_____

Date of most recent tetanus immunization:_____ Camper is allergic to: (circle those that apply):

Bee stings Medicine Food Other_____

Medical Insurance:_____ Number:_____ Emergency treatment policy:

1. Camp director will call home 2. Camp director will call place of employment 3. Camp director will call cell phone 4. Camp director will call emergency phone number 5. If none of the above can be reached and the child is in need of immediate treatment, the camp director will call 911. If necessary, the child will be admitted to a hospital and the camp director will stay and continue to phone the parents until they are reached.

Parental Permission Statement: If I cannot be reached and the camp authorities have followed the procedure described, I agree to assume all expenses for transporting and medically treating the above named child. I also hereby consent to any treatment, surgery, diagnostic procedure, or the administration of anesthesia as may be deemed necessary. Parent/ Guardian signature_____ Date_____ Fax or mail form the the Delaware Heritage Commission. Fax # is 302-744-5073